

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 258
Registered No. 204

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 711 Church Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ester Seguedras { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. win, triplet or other 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 30-1929
Month Day Year

8. FATHER
Full name Jesus Seguedras
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Sonora
(State or country) Mex

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Cruz Rodriguez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Sonora
(State or country) Mex

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 2
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 p.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyrl M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Filed June 12, 29 19 6. E. Orrin Registrar

Registrar

522-530-299